

FILED APR 29 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16472

Registrar's No. 1115

BIRTH NO. ....		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 542		Registrar's No. 1115	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		c. LENGTH OF STAY (In this place) 25yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		4119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 326 Mueller				d. STREET ADDRESS (If rural, give location) 326 Mueller			
3. NAME OF DECEASED a. (First) Hazel (Type or Print) Hazel b. (Middle) Guckes c. (Last) Guckes				4. DATE OF DEATH (Month) (Day) (Year) Apr. 17, 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 27, 1890	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Austin		13b. MOTHER'S MAIDEN NAME Harriett Sherwood		14. NAME OF HUSBAND OR WIFE Frank Guckes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank Guckes			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung (Both) 4 mo ANTECEDENT CAUSES Metastasis from Breast 8 mo Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis from Breast 8 mo DUE TO (c) month II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 mo 8 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 144X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK: <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-15, 1952, to 4-17, 1953 that I last saw the deceased alive on 4-15, 1953, and that death occurred at 8 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Les Reel				23b. ADDRESS 730 Herdman		23c. DATE SIGNED 4-18-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 20, 1953		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 4-18-53		REGISTRAR'S SIGNATURE Herbert R. Dorn-M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ortman F. Home 9222 Lackland			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Al C Ostmann*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3478*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.